



THE ASSISTANT COMMISSIONER FOR PATENTS
Washington, DC 20231

Wife (refund)

Inventors: J. David Carlson ✓
Serial No.: 10/809,084 ✓
Assignee: Lord Corporation
For: "SYSTEM COMPRISING MAGNETICALLY ACTUATED MOTION
CONTROL DEVICE"
Attny: Docket No.: IR-2803 (EV) CIP ✓

Examiner: UNASSIGNED
File Date: March 25,2004 ✓
Group Art Unit: UNASSIGNED

July 21,2005

PETITION AND FEE FOR EXTENSION OF TIME (37 CFR 1.136(a))

This is a petition for an extension of the time for a total period of four (4) months to file a Response under 37 CFR §1.17(a)(4).

Extension Fee due with this request: \$1,590.00

DEPOSIT ACCOUNT AUTHORIZATION

Deposit Account No. 12-2143

The USPTO is hereby authorized to charge the total fees, charge any deficiency, or credit any overpayment in the total fees indicated above to my deposit account.

A duplicate copy of this form is enclosed.

Edward F. Murphy III
Attorney for Applicant
Reg. No.: 38,251

Lord Corporation
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Facsimile: (919) 469-5226

Adjustment date: 09/21/2006 CKHLOK
07/25/2005 MAHME1**00000019 122143 **10809084*****
02 FC:1254 1590.00 CR *****

Certificate of Mail under 37 CFR §1.10

I hereby certify that the above-identified Petition (along with any paper referred to as being attached or enclosed) entitled "SYSTEM COMPRISING MAGNETICALLY ACTUATED MOTION CONTROL DEVICE" is being deposited with the United States Postal Service under 37 CFR 1.10 on July 21,2005 and is addressed to Assistant Commissioner for Patents, Alexandria, VA. 22313.

Signed

1/25/2005 MAHME1 00000019 122143 10809084

Date July 21, 2005

? FC:1254 1590.00 DA

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: 09/20/06		2 Serial/Patent # 10/809,084		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
X	Extension of Time	Wfee	07/21/05	\$ 1,590.00
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 1,590.00	
8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check		
	Overpayment	X	Credit Deposit A/C #:	
	Duplicate Payment		9 1 2 -- 2 1 4 3	
X	No Fee Due (Explanation):			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: Andrea Smith		TITLE: Petitions Examiner		
SIGNATURE: /Andrea Smith/		PHONE: 2-3226		
OFFICE: Office of Petitions				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: 		DATE: 9/21/06		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B